

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2015 DEC 15 AM 11:54

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MARK GIBSON FOR CONGRESS

ADDRESS (number and street)

6307 PENHALLOW LANE

(Check if address  
is changed)

MISSOURI CITY

CITY ▲

TX

STATE ▲

77459

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

MARK@MARKGIBSONFORCONGRESS.COM

Optional Second E-Mail Address

GIBSON.MARK@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

MARKGIBSONFORCONGRESS.COM

2. DATE

12 / 01 / 2015

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Dallis

Signature of Treasurer



Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

MARK GIBSON

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

TX

District

22

- (c) ☒ This committee ~~supports~~ opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

MARK GIBSON

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |   |
|----|----------------------|---------------|---|
| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

CYNTHIA G. NYARD

Mailing Address

6307 PENHALLOW LANE

Missouri City

TX

77459

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN MANAGER

Telephone number

832-444-4073

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

DAVID DALLIS

Mailing Address

6307 PENHALLOW LANE

Missouri City

TX

77459

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

713-598-7419

Full Name of  
Designated  
Agent

BARBARA LEWIS

Mailing Address

6307 PENHALLON LANE

MISSOURI CITY

CITY

TX

STATE

77459

ZIP CODE

Title or Position

COMMUNICATION DIRECTOR

Telephone number

281-793-7562

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

4710 TX-6

SUGAR LAND

CITY

TX

STATE

77459

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

RECEIVED  
FEC MAIL CENTER  
2015 DEC 15 AM 11:54

RETURN RECEIPT  
REQUESTED

FEDERAL Election Commission  
999 E. Street, NW  
WASHINGTON, DC 20463

RETURN RECEIPT  
REQUESTED

X-RAYED BY FEC SECURITY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL**



0984 1856 0000 0272 4102

0000000000

Missouri City, TX 77459-1581

PAID BY ADDRESSEE  
\$7.45  
FEB 15 2016

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt

☐ Hand Delivered

Postmarked

Date of Receipt

☐ USPS First Class Mail

Postmarked (R/C)

☒ USPS Registered/Certified

12/10/2015

Postmarked

☐ USPS Priority Mail

Postmarked

☐ USPS Priority Mail Express

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Next Business Day Delivery

☐

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

12/15/2015

DATE PREPARED

PREPARER

MP

(3/2015)